

Department Regulation No. C-02-008

15 March 2002

Appendix B

UNIT: \_\_\_\_\_ RE: \_\_\_\_\_ DOC# \_\_\_\_\_

Dear:

The above referenced inmate has requested that you be approved to visit this facility. However, prior to approval, it is imperative that we have the information below: (Your reply will be treated confidentially).

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO THIS FACILITY WITHIN \_\_\_\_\_ DAYS IF YOU DESIRE TO VISIT.

Do you wish to visit this inmate? \_\_\_\_\_

Your Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Phone Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Relationship to Inmate \_\_\_\_\_ Name Any Other Inmate(s) You Are Presently Visiting and Where \_\_\_\_\_

Have you ever been employed by the Department of Public Safety and Corrections, Correction Services? If yes, dates of employment and location? \_\_\_\_\_

Have you ever been arrested for a felony? \_\_\_\_\_ If yes, give offense, location, date and disposition. It is not necessary to list misdemeanors or a 1<sup>st</sup> offense DWI. \_\_\_\_\_

If you are under age 17, your parent or legal guardian must complete the following: I, \_\_\_\_\_, give permission for \_\_\_\_\_ to visit the above named inmate at this facility. I realize that all visitors are subject to personal and computer search by Department personnel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Visiting Officer

\_\_\_\_\_  
For Office Use Only

Computer Operator \_\_\_\_\_ Date \_\_\_\_\_

Results: \_\_\_\_\_